



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/620,543	
	Filing Date	July 16, 2003	
	First Named Inventor	Takahashi et al.	
	Art Unit	2834	
	Examiner Name	Scheuermann, David W.	
Total Number of Pages in This Submission	15	Attorney Docket Number	CONDA.00010

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	check in the amount of \$200.00;
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	postcard acknowledgment
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Response to Office Action dated 02/28/05	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Christopher P. O'Hagan		
Signature	<i>Christopher P. O'Hagan</i>		
Date	5/5/05		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Cheryl L. Hewitt		
Signature	<i>Cheryl L. Hewitt</i>	Date	5-5-2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: ASMO CO., LTD. and
JECO CO., LTD.

§
§
§
§
§
§
§

GROUP ART UNIT: 2834

FILED: July 16, 2003

INVENTION: Motor

EXAMINER: Scheuermann, David W.

SERIAL NO.: 10/620,543

ATTY FILE: CONDA.00010

RESPONSE TO OFFICE ACTION

A fee of \$200.00 is required for one independent claim in excess of three. No other fees are believed to be necessary. If, however, any other fees are required, I authorize the Commissioner to charge these additional fees to Deposit Account No. 50-0392. No extension of time is believed to be necessary. If, however, an extension of time is necessary, I authorize the Commissioner to charge the necessary extension fees to Deposit Account No. 50-0392.

In response to an Office Action mailed on February 28, 2005 in the above-referenced application, Applicant hereby replies as follows:

Amendments to the drawings begin on page 2 of this paper

Amendments to the claims begin on page 3 of this paper.

Remarks begin on page 10 of this paper.

05/10/2005 WASFAW1 00000024 10620543

01 FC:1201

200.00 0P